

FORM 941/C1-ME
2012
QUARTER #

MAINE REVENUE SERVICES
MAINE DEPARTMENT OF LABOR
**COMBINED FILING FOR INCOME TAX WITHHOLDING
AND UNEMPLOYMENT CONTRIBUTIONS**



99

Name:

Withholding Account No:

UC Employer Account No:

Period Covered:

MM

DD

2012

YYYY

MM

DD

2012

YYYY

File On or Before:

MM

DD

YYYY

Part One - Income Tax Withholding

1. Maine income tax withheld this quarter (from Schedule 2/C1, line 19b)
(Semiweekly filers complete Schedule 1/C1 on reverse side)..... 1. \$
2. Less any semiweekly payments (From Schedule 1/C1, line 13 on reverse side)
(See instructions for Schedule 1/C1)..... 2. \$
3. Income tax withholding due (line 1 minus line 2)..... 3. \$

Part Two - Unemployment Contributions Report

4. For each month, enter the total of all full-time and part-time workers who worked during,
or received pay reportable for unemployment insurance purposes for the payroll period
which includes, the 12th of each month. If you had no employment in the payroll period,
enter zero (0) 4. **1st Month** **2nd Month** **3rd Month**
5. Number of female employees included on line 4. If none, enter zero (0)..... 5.
6. Total unemployment compensation gross wages paid this quarter
(from Schedule 2/C1, line 19a) 6. \$
7. EXCESS WAGES (SEE INSTRUCTIONS)..... 7. \$
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE.
8. Taxable wages paid in this quarter (line 6 minus line 7)..... 8. \$
- 9a. UC contribution rate UC contributions due (line 8 times line 9a)..... 9b. \$
- 9c. CSSF rate **.0006** CSSF assessment (line 8 times line 9c)..... 9d. \$
Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions.
10. Total contributions and CSSF assessment due (line 9b plus line 9d)..... 10. \$

Part Three - Calculate the Total Amount Due

11. Amount due with this return (line 3 plus line 10) 11. \$

See instructions for electronic filing and payment requirements and options

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature:

Date:

Print Name:

Telephone:

Contact Person Email:

For Paid Preparers Only

Paid Preparer's Signature:

Date:

Telephone:

Firm's Name (or yours, if self-employed):

Address:

If enclosing a check, make check payable to:

Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

**If not enclosing a check,
MAIL RETURN TO:**

MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064



Paid Preparer EIN:

Maine Payroll Processor License Number:

SCHEDULE 2/C1 (FORM 941/C1- ME) 2012Name: Withholding
Account No.: - UC Employer
Account No:

Period Covered:

MM

DD

2012

YYYY

MM

DD

2012

YYYY



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Quarterly Income Tax Withholding and Unemployment Compensation Wages ListingAll employers designated SEASONAL by Department
of Labor, see instructions for column 16 on page 7.**INCOME TAX
WITHHOLDING**

Maine Income Tax

14. Payee Name (Last, First, MI)	15. Social Security Number	16. UC Gross Wages Paid	17. Withheld in the Quarter
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			
q.			
r.			
s.			
t.			
u.			

18. Total of columns 16 and 17 on this page..... 18a.

18b.

19. Total of columns 16 and 17 for ALL pages..... 19a.

19b.

(Enter the amount from line 19b on 941/C1-ME, line 1)